Law Enforce	ment and Tx	DOT Use ONLY					Total			T-4-1		TxDOT	500.000.0000000000000000000000000000000
<b>▼ FATAL</b>	<b>⊠</b> CMV	SCHOOLBUS	RAILROAD	MAB	SUPPLEMENT	ACTIVE SCHOOL ZONE	Total Num. Units	1	3	Total Num. Prsns.	1  1	Crash ID	18835087.3 /2022150289
							30						

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018) Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457 Refer to Attached Code Sheet for Numbered Fields \*=These fields are required on all additional sheets submitted for this crash (ex.; additional vehicles, occupants, injured, etc.). Page 1 of 6 Crash Date \*Crash Time (24HRMM) Local Use (MM/DD/YYYY) 0 3 / 1 5 / 2 0 2 2 12 | 0 | 1 | 5 \*City Name Outside City Limit \*County Name ANDREWS in your opinion, did this crash result in at least \$1,000 damage to any one person's property? ∑ Yes ☐ No Latitude Longitude 1 1 3 1 9 1 4 14 ROAD ON WHICH CRASH OCCURRED \*1 Rdwy. FM \*Hwy. 1788 3 Street 2 Rdwy. Street 4 Street 1 Num Part Num Prefix Name Suffix Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/ Speed Const. ☐ Yes Zone ☑ No Workers Present Yes No Street INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER At Yes 1 Rdwy. 2. Rdwy Hwy. Block 3 Street 4 Street Sys Prefix Suffix Distance from Int. or Ref. Marker ☐ FT 3 Dir from Int Reference Street RRX 0.72 or Ref. Marker N Marker 290 Num Hit and LP State NM Parked Vehicle VIN 1 F B Z X 2 C G 5 H K B 2 0 9 5 4 Num. 1 Num. APXP42 Desc. Pol., Fire, EMS on Emergency (Explain in Narrative if checked) 7 Body Style Veh. Make FORD 7 2 | 0 | 1 Color WHT Model TRANSIT VN 10 CDL 11 DL 8 DL/ID DL/ID DLID 9 DL State Num. End. Address (Street KILLEEN, TX 76541 18 Restr. 13 Seat Position 17 Eject. Name: Last, First, Middle 21 Sol. Enter Driver or Primary Person for this Unit on first line 96 2 2 97 2 2 3 K 18 W 2 2 96 99 N Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for 3 2 4 K 22 W 1 96 99 97 N each Unit. Owner/Lessee ne & Address UNIVERSITY OF THE SOUTHWEST, 6610 N LOVINGTON HWY HOBBS, NM 88240 Proof of Yes Expired
Fin. Resp. No Exempt Fin. Resp. PHILADELPHIA INDEMNITY 26 Fin. Fin. Resp. Resp. Type 2 INSURANCE CO x Yes Fin. Resp. 27 Vehicle Damage R Vehicle 1 1 2 Phone Num. 866 683 1401 VB D MERRICK'S WRECKER SERVICE 432 664 7596 295 SW 900 RD, ANDREWS, TX 79714 5 Unit Parked Vehicle Unit Hit and VIN | 7 | G | G | 1 | E | 0 | 8 | 1 | 5 | K | W | 0 | 0 | 8 | 0 | 5 | 8 State NM Num Num. 36175TRL Pol., Fire, EMS on Emergency (Explain in Narrative if checked) Veh. Make ALL OTHER MAKES Veh. Model UNKNOWN Veh. Year | 2 | 0 | 1 6. Veh. Color 7 Body 19 WHI 8 DL/ID DL/ID State DL/ID 9 DL 10 CDL 11 DL Type Address (Street, City, State, ZIP) 18 Restr. 13 Seat Position 17 Eject. Name: Last, First, Middle 16 Sex 21 Sol. Enter Driver or Primary Person for this Unit on first line Age Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. Name & Address University of the Southwest, 6610 N Lovington HWY Hobbs, NM 88240 Fin. Resp. PHILADELPHIA INDEMNITY Proof of Yes Expired
Exempt 26 Fin. Resp. Type 2 Fin. Resp INSURANCE CO Fin. Resp. Phone Num. 866 683 1401 X Yes 27 Vehicle 27 Vehicle Damage Rating 2 | 1 | 1 | -Vehicle I-ILIEITI 3 FIL , 2 Damage Rating 1 Towed To

295 SW 900 DR, ANDREWS, TX 79714

MERRICK'S WRECKER SERVICE 432 664 7596

	Unit Num	Prsr Nun	1. 1		•	Taken To					Taker	n By					Date of (MM/DD				e of Death 4HR:MM)
	1	1		PLAINS	FORENS	IC PATH	OLOGY,	LUBBOCK	MCNE'	TT FUNE	RAL HO	ME 4	32-52	4-5809		0	3/15	•	2		1 <sub>1</sub> 0 <sub>1</sub> 7
NOF	1	2	SOUTH	PLAINS	FORENS	IC PATH	OLOGY, I	LUBBOCK	MCNE!	TT FUNE	RAL HO	ME 4	32-52	4-5809		0	3/15	/202	2	21	1   0   7
SITIO ED/KI	1	3	SOUTH	PLAINS	FORENS	IC PATH	OLOGY,	LUBBOCK	MCNE'	TT FUNE	RAL HO	ME 4	32-52	4-5809		0	3/15	/202	2	21	1   0   7
DISPOSITION OF INJURED/KILLED	1	4	SOUTH	PLAINS	FORENS	IC PATH	OLOGY,	LUBBOCK	MCNE!	TT FUNE	RAL HO	ME 4	32-52	4-5809		0	3 / 1 5	/202	2	2	1 0 7
3"	1	5	SOUTH	PLAINS	FORENS	IC PATH	OLOGY,	LUBBOCK	MCNE!	TT FUNE	RAL HO	ME 4	32-52	4-5809		0	3/15	/202	2	2	1 0 7
	1	6	SOUTH	PLAINS	FORENS	IC PATH	OLOGY,	LUBBOCK	MCNE!	TT FUNE	RAL HO	ME 4	32-52	4-5809		0	3/15	/202	2	2	1   0   7
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CHARGES																					
ט																					
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	Jnit lum.	2	□R0		1 <sup>3</sup> 1 <sup>5</sup>	~ ~	4 Trlr. ype		CMV Disablin Damage?	g ⊠ Yes	Unit Num.			□RGVW □GVWR	1 1		1 1	34 Trlr. Type		CMV Disal Damage?	oling Yes
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1	788 I	N THE	NORTH	BOUND :	LANE.	UNIT 3	3 WAS T	RAVELIN	G SOUTHBO	OUND ON											
					ND LANE FLATED,				ONS, THE DRIVE ON										•		
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AND T	OENTI	FATHE	R AND	SON.	KIVEK ( UNIT 3	PASSE	IGER WA	S POSIT	ANTS WEKI IVELY	E KNOWN					‡    -  -						
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ATO)	ime No 24HR:No vest. comp.	MM)	2 1	3 0		dCHAIN	OF COM	MAND		(24HF	Arrived RMM)	<sup>2</sup>	2   4				12/		2022		
ESTIC TOTAL	omp.	⊠ Ye ☐ No	Name	stigator e (Printed)	SHOCK,	JON I	)											ID Num.	13695		1
	RI lum. I	ı		<b>1</b> 1		**	gency DE	PARTMEN	T OF PUB	LIC SAF	ETY, S	TATE	OF T	EXAS				Service Region		P 4 1	A 0 4

	w Enforcement and TxDC		RAILROA	D MAB	🗵 Sl	JPPLEME	ENT	□ ACTIVE	L ZONE	Total Num Units		<sub> </sub> 3	Total Num. Prsns.		1	1	TxD <sup>c</sup> Cras	OT sh ID	188350 /20221	
	Texas Department of Transportation	o: Texas Departn *=These fields		sportation, (	Crash E efer to	Data an Attache	id Anal	lysis, P.C de Sheet	Box 14: for Numb	9349, <i>F</i> ered F	ields	78714								3_of_6_
	*Crash Date (MM/DD/YYYY) 0	3 / 1 5 / 2 0		sh Time HRMM) <sub>I</sub> 2		1	5 Ca						Loca	al Use						
	*County Name ANDREWS						*City Name												I IX I	tside y Limit
	Namo '	s crash result in at least	Yes	Latitude (decimal degrees)	3   3		*City	9   4	.   2	4	Longitude – (decimal degrees)		0	2	1 •	4	2	3	City	
LOCATION	In your opinion, did this \$1,000 damage to any o	s crash result in at least one person's property?	t ∑ Yes		3		*City	9   4	.   2	4			10	2	1 •	4		3	City	y Limit
LOCATION	In your opinion, did this \$1,000 damage to any o	s crash result in at least one person's property?	t ∑ Yes	(decimal degrees)	3   2 Block Num.		*City	9   4 3 Street Prefix	.   2	1 4 * Stree	(decimal degrees)		1 0	2		4		4 Stree Suffix	City	y Limit

Zone

290

SEMINOLE, TX 79360

1218 S 385, ANDREWS, TX 79714

FARMERS TEXAS COUNTY MUTUAL

3 Street

10 CDL

End.

Street

Desc.

Veh.

96

Prefix

Desc.

S

17 Eject.

4 Street

Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

> 23 Drug Spec.

> > 98

Not Applicable - Alcohol and

Drug Results are only reported

for Driver/Primary Person for

each Unit.

Vehicle

Inventoried No

Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

> 23 Drug Spec.

Not Applicable - Alcohol and

Drug Results are only reported

for Driver/Primary Person for

each Unit.

Vehicle

Inventoried No

Alc. Result

Alc. Result 24 Drug Result 25 Drug Category

X Yes

24 Drug Result 25 Drug Category

☐ Yes

Suffix

RRX

Num.

C

7 Body

Style

(MM/DD/YYYY)

19 Airbag 20 Helmet

97

97

99

99

7 Body

Style

(MM/DD/YYYY) [

19 Airbag 20 Helmet

21 Sol.

22 Alc. Spec.

DOB

7 Eject.

8

DOB

8

PΚ

21 Sol.

N

N

22 Alc. Spec.

96

, G

Present

VIN

Model RAM 2500

14 Injury Severity

K

K

Age

38

13

Fin. Resp.

27 Vehicle

Damage Rating 2

11 DL

Rest.

15 Ethnicity

6 Sex

Num.

VIN

14 Injury Severity

Age

Fin. Resp.

27 Vehicle

Damage Rating 2

Num.

Veh.

Model

10 CDL

End.

X No

Street

Name

11 DL

15 Ethnicity

W

W

(Rest. 96

75

Block

Num.

Reference

Marker

Num.

9 DL

Class C

LP

Toll Lane

3 Dir. from Int.

or Ref. Marker

Run

SEMINOLE, TX 79360

Hit and

Hwy.

Num.

X MI

Parked

Vehicle

DL/ID

Num.

WHI

TEXAS ROADRUNNER TOW 432-634-2064

**Parked** 

Vehicle

DL/ID

Num.

6. Veh.

Color

DL/ID

State

Owner/Lessee

Proof of Yes Expired 26 Fin.

Name & Address

Exempt Resp. Type

6. Veh.

Color

Limit

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

 $\mathbf{N}$ 

State TX

Make DODGE

Name: Last, First, Middle

Enter Driver or Primary Person for this Unit on first line

Fin. Resp.

LP

Veh.

Make

State

Name: Last, First, Middle

Enter Driver or Primary Person for this Unit on first line

Fin. Resp.

27 Vehicle

Damage Rating 1

Towed

To

Name

27 Vehicle

Damage Rating 1

Towed

LP

Num.

9 DL

Class

To

Name

Hit and

Run

2. Rdwy.

LP

Veh.

Part

IDENTIFIC

☐ Yes

X No

Distance from Int.

or Ref. Marker

Unit

Veh.

Year

8 DL/ID

Address (Street,

City, State, ZIP)

12 Prsn. Type

13 Seat Position

Type

Person Num.

X Owner

Fin. Resp.

Towed

Unit

Num.

Veh.

Year

8 DL/ID

Address (Street,

City, State, ZIP)

Person Num. 12 Prsn. Type

Owner |

☐ Lessee

Fin. Resp.

Towed

Ву

Phone Num.

Fin. Resp. 🔲 No

Type

'EHICLE, DRIVER, & PERSONS

Lessee

VEHICLE, DRIVER, & PERSONS

Num. 3

Road/Private Property/Parking Lot

0.72

DL/ID

Owner/Lessee

Fin. Resp. No Exempt Resp. Type 2

Proof of Yes Expired 26 Fin.

5 Unit

Desc.

13 Seat Position

Phone Num. 512-233-3000

Name & Address

(State <sub>TX</sub>

1 Rdwy.

5 Unit

Desc. 1

Sys.

Case	TxDOT	
ח	Crash ID	18835087.3/2022150289

	Unit Num	: Prsr . Num	i. i.			•	Taken T	Го					Tal	ken By						Date of (MM/DD	Death (YYYY)			of Death IR:MM)
	3	1	sour	H PLA	INS :	FORENS	IC PAT	HOLOGY	, LUE	воск	MCNE	TT FUNE	RAL :	номе	432-	524	-5809		C	3/15	/202	2	2 1	1 0 1 7
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DAMAGE																								
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ľ	Num. Carrier's		LL LB			HAZARC				+ CAPACITY	Damag			Oper.				Туре			ID Num	•	30 Veh	•
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	31 Bus Гуре			RGVW SVWR	1 1	1 1	1 1	HazMat Released	Y 🔲 L	es   32 Haz		HazMat ID Num.	1	П	l I	ı	32 Haz			zMat Num.	11 1	1 1 1	33 Cargo Body Type	<b>)</b>
	Unit Num.		TOF	RGVW SVWR				34 Trlr. Type			IV Disablir mage?	ng   Yes   No	Unit				]RGVW ]GVWR	1 1			34 Trlr. Type		: CMV Disablin Damage?	g No
	Sequenc		<u> </u>	-	13	 35 Seq. 2	<u>                                     </u>	1	35 Se	<b>!</b>		35 Seq. 4			Inte		dal Ship	ping [	Yes	Actual Gross Weight	.,,,,,	<u></u>	Total Nu	
	Of Event	.5	•	ng Facto		nvestiga				•		ects (Inves	tigato	or's Op		ntain	ner Permi				and Roa	dway Condi	Axles itions	
FACTORS &	Unit	#		Contribut	ting		May	Have Con	ntrib.		Contributii	ng	М	ay Have	e Contrit	D.	38 Weather	39 Ligh		40 Entering	41 Roadwa	42 y Roadway	43 Surface	44 Traffic
OTO NO.	3		70							12							Cond.	Con		Roads	Type	-	t Condition	
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7GA1	Time No (24HR:N nvest. Comp. ORI Num.	XIIVI)  X Yes	Inve	estigator					· OTHE	1 <i></i> /		\ <sup>24</sup> 171	ZIAUAI)			1		(1411A11 DD	a 1 1 1	.,/	ID			
IVEST	Comp. ORI	☐ No	Naı	ne (Prin	ited) \$	SHOCK,	T														Num. Service	13695		<u> </u>
	Num.							Agency	DEPA	RTMENT	OF PUE	LIC SAF	ETY,	STA	re of	TE	XAS				Region	/DA H   1	P 4 A	0 4

/ Enfo m CR	orceme R-3 (Re	ent and ev. 1/1/	TxDO /2018)	Use ONLY. Case ID		TxDOT Crash ID	18835087.3/20	22150289						F	age_	5 _
	sh Date DD/YY		0	*Crash Time (24HRMM)   2   0	1   5	*County Name	ANDREWS									
* City Name	)						1 Rdwy. Sys. FM	* Hwy. Num. 1788								
* Stre Name						•		•								
ORI Num.	1			*Agency DEPARTMENT OF P	UBLIC SAF	ETY, S	TATE OF TEXAS			Serv	ice/ on/DA	н	P	4 <sub>1</sub> A	0	ľ
•		rsn.	eat ion	Name: Last, F				jury				Eject.	estr.	ge	Jet	
Unit	Pers Num	12 Prsn. Type	13 Se Posit	righting: Edge, i	113C, WIIGUIC			14 Injury Severity	Age	15 Ethnicity	16 Se	17 Ej	18 Re	19 Airbag	20 Helm	L
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1	6	2	7					K	18	н	1	1	96	99	97	ŀ
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F	orm CR-3(	Rev. 1/1/20	018)			Crash ID	18835087.3/20	22150289					
	* Crash Da (MM/DD/Y		03/15/2022	*Crash Time (24HRMM)   2	0   1   5	<del></del>	NDREWS	1					
	* City Name					* 1 F Sys.	Rdwy. FM	* Hwy. Num. 1788					
	* Street Name			•					•				
	ORI Num.			*Agency DEPARTMENT OF	PUBLIC SAFI	ETY, STA	TE OF TEXAS		Service/ Region/DA H	P	4   2		
	Unit Num.	Prsn. Num.	Take	en To		Tal	ken By		te of Death N/DD/YYYY)		Time of (24HR		
	1	7	UNIVERSITY MEDICAL	CENTER, LUBBOCK	AERO CARE H	ELICOPTE	R					<u>.                                    </u>	
	1	8	UNIVERSITY MEDICAL	CENTER, LUBBOCK	AERO CARE H	ELICOPTE	R					<u> </u>	
	1	9	SOUTH PLAINS FORENSIC	PATHOLOGY, LUBBOCK	MCNETT FUNE	RAL HOME	432-524-5809	03/1	5/2022	2	1	0	7
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Law Enforces	ment and TxDO	T Use ONLY					T.4-1		T-4-1		TUDOT	
X FATAL	X CMV	SCHOOL BUS	RAILROAD	□ МАВ	☑ SUPPLEMENT	☐ ACTIVE SCHOOL ZONE	Total Num. Units	3	Total Num. Prsns.	1	 TxDOT Crash ID	18835087.2 /2022150289
Texas Department of Transport		•	•	ortation, (	Crash Data and Arefer to Attached C	Crash Report (Form nalysis, P.O. Box 149 ode Sheet for Numb nitted for this crash (e	9349, Austir ered Fields	n, TX 7871				57 Page <u>1</u> of <u>6</u>
*Crash I		3 / 1 5 / 2 0	*Crash	Time MM) <sub>I</sub> 2	10115	Case			Local Us	se		

	Texa Departs of Transp	ment	Ma			•			sportation, F on all add	Refer to	o Attach	ned Cod	e Shee	et for I	Numb	ered	Field	S									age_1_	of <u>6</u>
	20-00 to 20-144000 to	h Date		^ 2 /	1 5	/ 2 0		1 4 - 4 - 1 1	sh Time IRMM) 1 2	2 1 0	. 1	5 Cas	se							L	ocal L	Jse						
	*Coun	nty		•		•		1,-			<u> </u>	*City														X	Outsi City L	
TION	In you	AND r opinic	REWS	this crash	n result i	in at least	<u> </u>		Latitude			Name					Lor	gitude	_								- City t	-lmir
LOCA	ROAL	o dama O ON V	ge to a VHICI	H CRASH	rson's p	in at least property? URRED		No	(decimal degrees)	3	2   •	3	9	4	2	4		nal degree		1   0	) [2	2 [	<u>-   4</u>	1   2	2   3		<u>4                                     </u>	9
ITION &	*1 Rd\ Sys.	wy. <sub>F</sub>	M	*Hw Nur	<sup>/y.</sup> 178 n.	88		2 Rdwy. Part	<u>+</u>	Block Num.			3 Stree			* Stre	e	~-							4 Stre			
IFICA		rash Od oad/Pri		d on a Priv roperty/P			☐ Tol	ll Road/ ll Lane	Speed Limit	7	5	Const Zone			Vorkers resent	∏ Y. ⊠ N	_	treet esc.										
DENT	INTER	RSECTI	NG R	OAD, OI	R IF CR	ASH NO	TATI	NTERSE	2. Rdwy.	REST IN	ITERSEC	TING RO	ADORI	REFER	ENCE !	<b>NARK</b>	ER								T,	7.3		
	At L	<del></del> -	1 R Sys			Hwy. Num.			2. Rdwy. Part		Block Num.		3 S Pre				Street Name								4 Stre Suffix			
		nce fron f. Mark		0.72		X		Dir. from r Ref. Ma			Refere Marker			Stree								80.00	RRX Num.					1
	Unit Num.	1		Jnit esc. 1	[	□ Parke		」 Hit an Run	d LP State NN	M	LP Num.	· APXP42	<u>&gt;</u> .		VIN	1	F   F	3 <sub> </sub> Z	ı <sup>x</sup> ı	2   (	C G		H	K B		0 9		4
	∨eh. Year	1 <sup>2</sup> 1	0 <u>1</u>	1   7	6. Ve Coloi				Veh. Make FOF	RD				Veh Mod	n. del TRA	ANSI'	T				7 Boo		1		Em	l., Fire, En rergency rrative if	y (Explai	in in ed)
	8 DL/I Type	D 1		DL/ID State			OL/ID Num.				9 DI Clas	)L ISS C	10 ( End	CDL d. o			11 DL Rest.			DOI (MM	B M/DD/Y	YYY)						
	Addre	ss (Str			TA							<u> </u>		<u></u> 3	96		• •	A			/// <b></b>	<u>''''</u> T						
	( <del>-</del>	State, Z	+ 5 (AI)				KILLE	•	X 76541	* 45 J Jl p							ıξ	~ 10	+;	Ę.	_	يــ				ρ	б	D G
ERSON	ه المحددة الم	12 Prsr Type	13 Sea Positio			Enter	Driver		e: Last, First, ary Person fo			irst line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Dru Spec.	24 Dru Result	25 Drug Categor
R, & 1	1	1	1	;											K	26	W	1	1	99	99	97	N	96		96	97	97
SRIVE	2	2	3												K	18	M	2	2	96	99	97	N	No	t Applica	ble - Al	icohol a	and
CLE, I	3	2	4												K	22	W	1	1	96	99	97	N	Drug	g Results Driver/Pi	are on rimary l	ly repoi Person	rted
VEHICLE,	4	2	5												K	19	н	1	1	96	99	97	N		ea	ich Unit		
	<u>x</u> 0	wner essee		ner/Less me & Ad		JNIVER	SITY	OF TH	E SOUTHW	EST,	6610 N	LOVIN	GTON I	HWY F	IOBBS	, NM	8824	10										
		of 🗵	Yes	<b>Ехріге</b>	ed 26				Fin. Resp. P	PHILAD:		A INDEM				n. Res <sub>l</sub>				1								
	Fin. R	esp.		<u> </u>	<u> </u>				27 Vehicle	e				——	- 7	27 \	_ /ehicle		1							hicle		Yes
1	Phone		866	-683-1	401				Damage f	Rating 1 Towed				<u> </u> B		Dan	nage R	ating 2	.		_1_			لـَــــ	6 Inv	/entorie	;d □	No
	Ву				-				4-7596	То	295 S	W 900 I	RD, AN	NDREW	IS, T	X 79	714											
	Unit Num.	2		Jnit esc. 6		☐ Parke		☐ Hit an Run	d LP State NN	MN	LP Num.	. 361751	'RL		VIN	7	G C	1	l <sup>E</sup> l	۱۹	8   1	5	ı <sup>K</sup> l	w <sub> </sub> 0		8 0		8
	Veh. Year	1 <sup>2</sup> 1	0 1	1   9	6. Ve Coloi				Veh. Make <u>A</u> LI	L OTHE	ER MAKI	ES		Veh Mod	n. del UNI	KNOWI	N				7 Boo	•				I., Fire, En Tergency Trative if	y (Explai	
,	8 DL/I Type	D		DL/IE State			DL/ID Num.				9 Di Clas	)L	10 ( Enc	CDL			11 DL Rest.			DO	B M/DD/Y	····			/			
	Addre	ss (Str		Olate	,												1 (001.			(IAIIA	ויטטיוי	''''						
j	-	State, Z	± ≅					Nam	oul net Firet	Middle					₹≨		iţ		ti	it.	-	+	<u> </u>			ρ	ō	rug gory
RSOA	ersor Jum.	2 Prs ype	13 Sea Positic			Enter	Driver		e: Last, First, ary Person fo			irst line			4 Injury everity	∤ge	15 Ethnicity	6 Sex	7 Eject.	8 Restr	9 Airbag	20 Helmet	1 Sol.	22 Alc. Spec.	Alc. Resu <b>lt</b>	3 Dru pec.	24 Dru Result	و ۵
, & PE	42	- <u></u>	1 P												1	4	1 B		_	_	1	7.7	2	8 2	Q III	700	74	70
RIVER																								No.			احمامها د	
Ι <b>Θ '3</b> 1																								Drug	t Applica g Results Driver/Pi	are on	ly repo	rted
/EHIC	Person Num.																									ich Unit		101
1	X O	wner		ner/Less																								
	Proof	essee of 🖾	Yes	Expire	ed 26	Fin.		OF TH	Fin. Resp. P					HWY H		, NM n. Resp		10										
	Fin. Re	sp.	No	Exem	pt Re	esp. Type	2		<del>'</del>		NCE CO	<u> </u>			Nu		talelata									hicle		Yes
	Fin. R Phone	-	866	-683-1	401				27 Vehicle Damage f	e Rating 1		9 - 1	<u> </u>	T	- <u>3</u>	Dan	/ehicle nage R	ating 2	1	1 1		Į F	<u>'</u>		2 Inv	riicie /entorie ———	ed □	No
	Towed By		RICK	'S WRE	CKER	SERVI	CE 4	32-664	4-7596	Towed To		W 900 I	DR. Al	NDREV	7S.T	x 79'	714											

	Unit	Prsn								<u> </u>					Date of	Death		Time	of Death
	Num	i. Num				Taken To					Taken By	•			(MM/DD				R:MM)
۳۵	1	1	SOUT	'H PLAIN	S FORENS	IC PATHO	LOGY, LU	ввоск	MCNET'	r funer	AL HOME	432-52	4-5809		03/15	/202	2	2 1	1017
ONO	1	2	SOUT	H PLAIN	S FORENS	IC PATHO	LOGY, LU	ввоск	MCNET'	r funer	AL HOME	432-52	4-5809		03/15	/202	2	2 1	1017
SIT!	1	3	SOUT	H PLAIN	S FORENS	IC PATHO	LOGY, LU	ввоск	MCNET!	r funer	AL HOME	432-52	4-5809		03/15	/202	2	2 1	<sup>0</sup>   <sup>7</sup>
DISPOSITION OF	1	4	SOUT	H PLAIN	S FORENS	IC PATHO	LOGY, LU	ввоск	MCNET!	r funer	AL HOME	432-52	4-5809		03/15	/202	2	2 1	1017
	1	5	SOUT	H PLAIN	s forens	IC PATHO	LOGY, LU	ввоск	MCNET!	r funer	AL HOME	432-52	4-5809		03/15	/202	2	2 1	1017
	1	6	SOUT	H PLAIN	S FORENS	IC PATHO	LOGY, LU	ввоск	MCNET!	r Funer	AL HOME	432-52	4-5809		03/15	/202	2	2 1	1017
П	Unit Num.	Prsn. Num.							Ch	arge							Citation	n/Reference	Num.
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CHARGES																			
CHA																			
┠├																			
dash				_										<del>- 1</del>					
1GE		Da WIRE	maged	Property (	Other Than	Vehicles				Own	er's Name					Owi	ner's Address		
DAM/	ARBEI	WIRE	FENC	E				STERLIN	NG CATTI	LE CO				2100	5 E STAT	E HWY	350 COA	HOMA, T	79511
Щ																			
-	Jnit Ium.	1	I 10,0		TRANSP	ORTING DOUS MATE	RIAL 🖫 9	+ CAPACITY	CMV Dis Damage	_	Yes   28 Ve No   Oper.		29 Ca ID Ty		1	Carrier ID Nun	ո. 0083679	92	
	Carrier's		TVERS	ITY OF	THE SOU	THWEST	Carrier's Primary Ac	ldr. <sub>.</sub> 6610	N TOVIN	стои ни	V HORRS	NM 88	240					30 Veh Type	98
	1 Bus ype	0111	□ F	RGVW		Ha	zMat 🔲 🗅	es 32 Haz	Mat H	-lazMat	T HODDS	, 1411 00	32 Hazīv		lazMat			33 Cargo	
	ype Jnit	. 0	<del></del>	SVWR L		34	eleased 1		Num.   I /IV Disabling	D Num.∣ ⊠ Yes	Unit		Class Nu  RGVW	ım. II	D Num. []	34 Trlr.	<del></del>	Body Type MV Disablin	
• ⊢	Num. Sequenc	2	<u> </u>	SVWR	<del>                                     </del>	1 <sup>0</sup> 1 <sup>0</sup> Ty			mage?	□No	Num.		GVWR odal Shippi	 na □ Yes		Туре		Damage? Total Nu	No m
-	of Event	ts Job S	eq. 1	13	35 Seq. 2	7	35 Se	. 6	6	5 Seq. 4	:4I- O	Conta	iner Permit	<u>x</u> No	Weight	<u>                                     </u>		Axles	
S & S NS	Unit			Contributing	s (Investiga	T	e Contrib.	1	hicle Defections  Contributing		<u> </u>	e Contrib.	38	39	40	and Roa	dway Condi	43	44
FACTORS & CONDITIONS													Weather Cond.	Light Cond.	Entering Roads	Roadwa Type	*	Surface Condition	Traffic
FAC														2	97			-	11
Н	<u> </u>			Investiga	l ator's Narra	l tive Opinio	n of What H	appened							Diagram - No	t to Scale			1
ָ ט	NIT 1	L (A F	ORD T	•			s if Necessa VAN), TO	ary) WING UN	IT 2 (A	SMALL			*****						
					- '			NORTHBO					LEA —	SE RD	TINU	3			
								VELING REASON					İ	Ņ			1		
					•	•		3 TO DR					*						
								D WITH					\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				FENCE		
E	NIT 1 AST E	BARROW	DITC	H. UN	IT 1 CZ	AME TO	REST UPF	ERTURNE RIGHT IN	THE				*				•		
NA N	ORTHE	BOUND	LANE.	UNIT	3 CAME	TO RES	r UPRIGE	IT IN THE	E WEST I	BARROW			\	FENCE		UNIT FINAL F	ı		
								ETERMIN		JGHT			 						
	DENTI	FICAT	ION O	F THE 1	DRIVER (	OF UNIT	3: THE	OCCUPAN POSITIV	TS WERE	KNOWN			 						
IVE A	DENT]	FIED	THROU	GH DNA	TESTING	PASSEN J. UNI:	F 1 PASS	ENGER,	GARCIA,	WAS			 		UNIT 1		UNIT 2		
RAT E	EATEI	IN T	HE FO	URTH R	OW SEAT	ING, UN	KNOWN SE	ENGER,	TION.				‡ !				INAL REST		
NA																			
														Time S	UNIT 2				
													Ū	NIT 3					
													FINA	L REST					
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													‡			FM 1788			
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					1					1			<u>-</u>						
TOR	Time No (24HR:II nvest. Comp.	otified MM)	2   1	.   3	0 How Notifie	d CHAIN	OF COMM	AND		Time A (24HRN		2   4		eport Date MM/DD/YY	) YY) 12/	12/	2022		
<u>5πς</u>	nvest. Comp.	X Yes	Inve Nar	estigator ne (Printed	d) SHOCK,	JON D										ID Num.	13695		
NVE	)RI	<u> </u>		, ,	. ,	T	ency פים פי	ARTMENT	OF DITET	TC CNDD	ту стл	те ое т	EXV C			Service	e/	- 4 . A	0.4

	aw Enforcement and		RAILRO	DAD MAB	⊠ SUPPLEME	ENT [	コACTIVE SCHOOL ZONE	Total Num. Units		. ,	Total Num. Prsns.		1	TxDO1 Crash	ווי ב	L88350 /20221	)87.2 L50289
	Texas Department of Transportation	ail to: Texas Depart *=These fields		ansportation, ( R	Crash Data and Refer to Attache	d Analyed Code	sh Report (Form ysis, P.O. Box 14 le Sheet for Numb ed for this crash (	9349, Abered Fi	Austin, TX 7 ields						4-7457		3 of 6
	*Crash Date (MM/DD/YYYY)	0 3 / 1 5 / 2		rash Time 24HRMM)   2		5 Cas	se				Local Use	<b>)</b>					
	(MM/DD/YYYY) *County	, _ , _				<b>L</b>	se				Local Use	<b>)</b>				I IX I	utside ty Limit
CATION	(MM/DD/YYYY) *County	, _ , _	0 2 2 ( <sup>2</sup> t			<sup>5</sup> ID *City	se 9   4   2	4	Longitude — (decimal degrees)	1	Local Use	· 	4	1 2	3	I IX I	utside
LOCATION	*County Name ANDREW In your opinion, d \$1,000 damage to	id this crash result in at leas	t	24HRMM) 2  Latitude		<sup>5</sup> ID *City	se 9   4   2	<u> </u> 4		1		; 	<u>4</u>	2		≚ cii	utside ty Limit

Yes

3 Street

10 CDL

End.

Street

Desc.

Veh.

96

Model RAM 2500

14 Injury Severity

K

K

Age

38

13

Fin. Resp.

27 Vehicle

Damage Rating 2

11 DL

Rest.

15 Ethnicity

6 Sex

Num.

VIN

14 Injury Severity

Age

Fin. Resp.

27 Vehicle

Damage Rating 2

Num.

Veh.

Model

10 CDL

End.

Prefix

Workers

Present

Yes

⊠ No

Const.

Zone

290

SEMINOLE, TX 79360

1218 S 385, ANDREWS, TX 79714

FARMERS TEXAS COUNTY MUTUAL

Street

Desc.

4 Street

Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

> 23 Drug Spec.

> > 96

Not Applicable - Alcohol and

Drug Results are only reported

for Driver/Primary Person for

each Unit.

Vehicle

Inventoried No

Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

> 23 Drug Spec.

Not Applicable - Alcohol and

Drug Results are only reported

for Driver/Primary Person for

each Unit.

Vehicle

Inventoried No

Alc. Result

Alc. Result 24 Drug Result 25 Drug Category

97

X Yes

24 Drug Result 25 Drug Category

☐ Yes

97

Suffix

RRX

Num.

8

PΚ

21 Sol.

 $\mathbf{N}$ 

N

22 Alc. Spec.

96

C

7 Body

Style

(MM/DD/YYYY) [

19 Airbag 20 Helmet

97

97

99

99

7 Body

Style

(MM/DD/YYYY) [

19 Airbag 20 Helmet

21 Sol.

22 Alc. Spec.

DOB

7 Eject.

8

DOB

S

17 Eject.

, G

Street

Name

11 DL

15 Ethnicity

W

W

(Rest. 96

IDENTIFICAT

☐ Yes ☒ No

Distance from Int.

or Ref. Marker

Unit

Veh.

Year

8 DL/ID

Address (Street,

City, State, ZIP)

12 Prsn. Type

13 Seat Position

Type

Person Num.

X Owner

Fin. Resp.

Towed

Unit

Num.

Veh.

Year

8 DL/ID

Address (Street,

City, State, ZIP)

Person Num. 12 Prsn. Type

Owner |

☐ Lessee

Fin. Resp.

Towed

Ву

Phone Num.

Fin. Resp. 🔲 No

Type

'EHICLE, DRIVER, & PERSONS

Lessee

VEHICLE, DRIVER, & PERSONS

Num. 3

Crash Occurred on a Private Drive or

0.72

DL/ID

Owner/Lessee

Fin. Resp. No Exempt Resp. Type 2

Proof of Yes Expired 26 Fin.

5 Unit

Desc.

13 Seat Position

Phone Num. 512-233-3000

Name & Address

(State <sub>TX</sub>

Road/Private Property/Parking Lot

1 Rdwy.

5 Unit

Desc. 1

Sys.

Toll Road/

Toll Lane

3 Dir. from Int.

or Ref. Marker

Run

Hit and

SEMINOLE, TX 79360

Hwy.

Num.

X MI

Parked

Vehicle

DL/ID

Num.

WHI

TEXAS ROADRUNNER TOW 432-634-2064

**Parked** 

Vehicle

DL/ID

Num.

6. Veh.

Color

DL/ID

State

Owner/Lessee

Proof of Yes Expired 26 Fin.

Name & Address

Exempt Resp. Type

6. Veh.

Color

Speed

Limit

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

 $\mathbf{N}$ 

State TX

Make DODGE

Name: Last, First, Middle

Enter Driver or Primary Person for this Unit on first line

Fin. Resp.

LP

Veh.

Make

State

Name: Last, First, Middle

Enter Driver or Primary Person for this Unit on first line

Fin. Resp.

27 Vehicle

Damage Rating 1

Towed

Τо

Name

27 Vehicle

Damage Rating 1

Towed

LP

Num.

9 DL

Class

To

Name

Hit and

Run

2. Rdwy.

LP

Veh.

Part

75

Block

Num.

Reference

Marker

Num.

9 DL

Class C

LP

ase	TxDOT		
<b>L</b>	Crash ID	18835087	2/202215028

	Ur Nu	nit F m. N	Prsn. Jum.					Taken	То						Take	n By						Date (MM/I	of Death DD/YYYY)			Т		of Dea	
	3	1		SOUTH	PLAI	NS	FORENS	IC P	ATHOLOG	Y, LUE	воск	MC	NETT F	UNER	AL H	OME 4	432-5	24	-5809			03/1	5 / 2 0 2	2 2		1	2   1	10	17
V.	3	2		SOUTH	PLAI	NS	FORENS	SIC PA	ATHOLOG	Y, LUE	воск	MC	NETT F	UNER	AL H	OME 4	432-5	524	-5809			03/1	5/202	2 2			2   1	10	17
DISPOSITION OF	בייעע בייעע																												1
SPO	202																												1
<b> </b>																													
	Unit Num,	Prsr Num	า. า.										Charge	е											Citatio	n/Ref	erenc	e Num	١.
ES																													
CHARGES																								$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\bot}}}$					
٥																								$\perp$					
											<b>,</b>										_								
35			Dan	naged Pr	operty	/ Oti	her Than	Vehic	les					Own	er's Na	ame							Ow	mer's	Address	<u>.                                    </u>			
DAMAGE																													
Ц			_		_	_			_	1					v 1-					_									
	Unit Num.			」10,00° LBS.	1+		1		MATERIAL		+ CAPAC	11 T I	V Disablir mage?	ng 🔲	Yes 2 No C	8 Veh. Oper.	•			Carr Type			Carrier ID Nur						
	Carrier Corp. N	lame		·—						ier's ary Ad									_							<u>,  </u> 7	30 Ve Type		
<b>₩</b>	31 Bus Type			□ RG'			1 1		HazMat Release	YП NП №	es 32 H Clas	HazMat ss Num.	Hazi ID N			<u> </u>		1	32 Ha Class			azMat ) Num.					Cargo Iy Typ		
	Unit Num.			□ RG'   □ GV		1	1 1	1 1	34 Trlr. Type			CMV Disa Damage?		• 1	Unit Num.				]RGVW ]GVWR		1 1	1 1 1	34 Trlr. Type	•		CMV ( Dama	Disabli ge?		]Yes ]No
	Sequei Of Eve		35 Se	q. 1	•		35 Seq. 2	2	•	35 Se	eq. 3		35 Se	eq. 4			Inte	rmo Itain	dal Shi	pping nit	Yes No	Actual Gross Weigh	nt	1 1	 		tal Nu des	ım.	
8		36 C	Contr		Facto ntributi		Investiga		<b>Opinion)</b> y Have Co		37	Vehicle ( Contrib		Investi	<del></del>					1	Env	ironment	al and Ro	adwa		itions	6	Τ	4.4
FACTORS &		3	7	0	THE IDEL			1110	y ridve do	11010.	12	Contrib	Juding		ividy	Tiave	CONTINUE		38 Weathe Cond.		39 Light Cond.	40 Entering Roads	-	- 1	42 Roadway Alignment	r Su	43 urface ndition	Tr	44 affic introl
FAC																		1					1 71-						
				<u> </u>				_	pinion of \			<u> </u>									Field [	) Diagram - N	Not to Scale	<u>-</u>					
					(,	Atta	ach Additi	onal S	heets if N	ecessa	ry)																		
AM																													
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J QNI																													
TIVE /																													
ARRA																													
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<u></u>	Time *	latific:	<del>_</del>				How						1,	Time A	rrivad					Re	oort Date								
ATO	(24HR	NOUNEC (MM:	1 2 Vaa	2 1 1	3 igator	0		d CHA	IN OF	COMMA	AND			Time A (24HRN		2	l <sup>2</sup>	<sup>4</sup>	J <sup>5</sup>	(MI	M/DD/YY	YY) 12	12/	2 0	2 2				
ESTIC	invest. Comp.		Yes No	Invest Name	_		SHOCK	, JOI	1 D														Num.		.3695	<u>.</u>		1	
<u> </u>	Time Notified (24HR:MM) 2 1 3 0 How Notified CHAIN OF COMMAND  Time Arrived (24HRMM) 2 2 4 5 Report Date (MM/DD/YYYY) 1 2 / 1 2 / 2 0 2 2  Invest.										. 0	<sub> </sub> 4																	

w Enfo rm CF	orceme R-3 (Re	ent and ev. 1/1/	I TxDC /2018)						P	age_5	5_of_		
	sh Dat DD/YY		0	*Crash Time 3 / 1 5 / 2 0 2 2 (24HRMM)   2   0   1   5 Name ANDREWS									
* City Name	/ e			* 1 Rdwy. Sys. FM Num. 1	L788								
* Stre													
ORI Num	.			*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS			Servi Regi	ice/ on/DA	н	P	4   A	. 0	4
Num.	Person Num.	rsn.	eat tion		14 Injury Severity		ţ		ڹؠ	18 Restr.	ag	net	105
Unit	Pers Mun	12 P Type	13 S Posi		14 lr Seve	Age	15 Ethnici	16 S	17 E	18 R	19 Airbag	20 Helr	21.5
1	5	2	6		K	21	W	2	1	96	99	97	N
1		2			K	18	H	1	1	96	99	97	
1		2			A _	19	W 	1	1		99	97	1
1	8	2	9		A	20	W	1	1	96	99	97	1
1	9		99		K	19	H	1	1	96	99	97	1
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	ini CK-3 (		(O) (O)		Crash ID	18835087.2/20	22150289					
	* Crash Da (MM/DD/Y		*Crash 7	ime M)   2   0   1	*County Name A	NDREWS						
	* City				* 1 F		* Hwy.					
	Name * Street				Sys.	FM	Num. 1788					
	Name		•					<u>-</u>				
	ORI Num.	1 1	*Agency DEPA	RTMENT OF PUBLIC	SAFETY, STA	TE OF TEXAS		Service/ Region/DA <sup>H</sup>	P	4   2	A 0	<sup>4</sup>
	Unit Num.	Prsn. Num.	Taken To			ken By	Date	of Death DD/YYYY)	•	Time of 24HF		
	1	7	UNIVERSITY MEDICAL CENTER, LUB	BOCK AFRO CA	RE HELICOPTE	סי			1			ı
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	1	8	UNIVERSITY MEDICAL CENTER, LUE	BOCK AERO CA	RE HELICOPTE	iR					_	
	1	9	SOUTH PLAINS FORENSIC PATHOLOGY, I	UBBOCK MCNETT	FUNERAL HOME	432-524-5809	03/1	5/2022	2	1	0	7
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Total			Total			TxDOT	18835087.1
Num. Units	I	3	Num. Prsns.	1	1	Crash ID	/2022150289



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457 Refer to Attached Code Sheet for Numbered Fields

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.). Page 1 of 6 \*Crash Date \*Crash Time Case Local Use (24HRMM) 0 (MM/DD/YYYY) 0 3 / 1 5 / 2 0 2 2 \*County \*City Outside City Limit Name Name ANDREWS <u>LOCATION</u> X Yes In your opinion, did this crash result in at least Latitude Longitude — \$1,000 damage to any one person's property? ☐ No (decimal degrees) (decimal degrees) | 9 ROAD ON WHICH CRASH OCCURRED IDENTIFICATION & (\*Hwy. 1788 '1 Rdwy. \* Street Block 2 Rdwy. 3 Street 4 Street FMNum. Suffix Prefix Sys. Num. Name Speed Crash Occurred on a Private Drive or Toll Road/ Yes Street Const. Yes Workers 75 Toll Lane Limit Road/Private Property/Parking Lot Zone Present X No Desc. x No INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER ☐ Yes 1 Rdwy. **Block** 3 Street Hwy. 2. Rdwy. 4 Street Street X No Part Sys. Num. Prefix Num. Name Suffix 3 Dir. from Int. Street Distance from Int. Reference **RRX** X MI 0.88 or Ref. Marker Marker 290 or Ref. Marker Desc. Num. Hit and LP LP 5 Unit Parked Unit Vehicle State NM Run В Num. APXP42 Num. 1 Desc. Pol., Fire, EMS on 7 Body Veh. 6. Veh. Veh. Veh. Emergency (Explain in Narrative if checked) Model TRANSIT Color Make FORD Style WHIYear VN DL/ID 9 DL **10 CDL** 11 DL DL/ID 8 DL/ID DOB (Rest. A (State <sub>TX</sub> Class C End. Num. Type (MM/DD/YYYY) ( 96 Address (Street, City, State, ZIP) KILLEEN, TX 76541 24 Drug Result 25 Drug Category 14 Injury Severity 15 Ethnicity Eject. 12 Prsn. Type 23 Drug Spec. Person Num. 19 Airbag 20 Helmet Name: Last, First, Middle 21 Sol. 22 Alc. Spec. Enter Driver or Primary Person for this Unit on first line Age 99 97 96 96 97 97 K 26 W  $\mathbf{N}$ DRIVER, 99 97 K 18 W 2 N Not Applicable - Alcohol and Drug Results are only reported VEHICLE for Driver/Primary Person for 99 97 96 N W each Unit. 19 96 99 97 X Owner Owner/Lessee Name & Address University of the Southwest, 6610 N LOVINGTON HWY HOBBS, NM 88240 Lessee Proof of Yes Expired 26 Fin. Fin. Resp. PHILADELPHIA INDEMNITY Fin. Resp. Fin. Resp. 🔲 No Exempt Resp. Type 2 Num. Name INSURANCE CO X Yes Vehicle Fin. Resp. 27 Vehicle 27 Vehicle Inventoried No Phone Num. 866-683-1401 Damage Rating 1 Damage Rating 2 Towed Towed MERRICK'S WRECKER SERVICE 432-664-7596 295 SW 900 RD, ANDREWS, TX 79714 Hit and LP LΡ Unit 5 Unit Parked Vehicle Run G K, W State NM G . 0 Desc. 6  $\mathbf{E}$ 0 5 Num. 2 Num. 36175TRL Pol., Fire, EMS on 7 Body Veh. Veh. 6. Veh. Veh. Emergency (Explain in Model UNKNOWN Color Style 0 Make ALL OTHER MAKES WHI ${f TL}$ Year Narrative if checked) DL/ID 9 DL **10 CDL** 11 DL DL/ID 8 DL/ID DOB Num. Class End. Rest. State Type (MM/DD/YYYY) ( Address (Street, City, State, ZIP) 24 Drug Result 25 Drug Category 14 Injury Severity 15 Ethnicity 13 Seat Position 7 Eject. 12 Prsn. Type 23 Drug Spec. 'EHICLE, DRIVER, & PERSONS 19 Airbag 20 Helmet Person Num. Name: Last, First, Middle 21 Sol. 6 Sex 22 Alc. Spec. Alc. Result Enter Driver or Primary Person for this Unit on first line Age Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit. X Owner Owner/Lessee Name & Address UNIVERSITY OF THE SOUTHWEST, 6610 N LOVINGTON HWY HOBBS, NM 88240 ☐ Lessee Fin. Resp. PHILADELPHIA INDEMNITY Proof of Yes Expired 26 Fin. Fin. Resp.\_ Fin. Resp. 🔲 No Exempt | Resp. Type 2 Num. Name INSURANCE CO X Yes Vehicle Fin. Resp. 27 Vehicle 27 Vehicle Inventoried No Phone Num. 866-683-1401 Damage Rating 2 Damage Rating 1 Towed Towed MERRICK'S WRECKER SERVICE 432-664-7596 295 SW 900 DR, ANDREWS, TX 79714

Page 2 of 6

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<b>`</b>	Crash ID	18835087 1/2022150289

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w Enfo rm CF	orceme R-3 (Re	ent and ev. 1/1/	TxDO /2018)						F	age_5	5_of_		
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Unit Num.	Person Num.	12 Pr Type	13 Se Posit	Name: Last, First, Middle	14 Injury Severity	Age	15 Ethnici	16 Sex	17 Ej	18 Restr.	19 Airbag	20 Helm	21 Sol.
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Fo	orm CR-3 (l	Rev. 1/1/20	018) ID			Crash ID	18835087.1/20	22150289						
	* Crash Da (MM/DD/Y		03/15/2022	*Crash Time (24HRMM)   2	0   1   5	*County Name At	NDREWS							
	* City Name					* 1 R Sys.	dwy. FM	* Hwy. Num. 1788						
	* Street Name					•								
	ORI Num.	1 1		*Agency DEPARTMENT OF	PUBLIC SAF	ETY, STA:	TE OF TEXAS		Service/ Region/DA	ΗΙ	P	4 <sub> </sub> 2	A 0	i 4
	Unit Num.	Prsn. Num.	Та	ken To			en By		Date of Death MM/DD/YYYY)			Time of (24HR		
	1	7	UNIVERSITY MEDICAL	CENTER, LUBBOCK	AERO CARE H	ELICOPTE	R							
	1	8	UNIVERSITY MEDICAL	CENTER, LUBBOCK	AERO CARE H	ELICOPTE	R				1	ļ		
	1	9	SOUTH PLAINS FORENSI	C PATHOLOGY, LUBBOCK	MCNETT FUNE	RAL HOME	432-524-5809	03/	15/2022		2	1	0	7
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